



# IN THE ABSTRACT

*A quarterly newsletter from the Kentucky Cancer Registry*



Large Hospital Edition

January 2004

## **Spring Training Features Benign CNS Tumors & Collaborative Stage**

Attention please! January 1, 2004 ushered in a brand new year, as well as newly reportable benign brain and central nervous system tumors. Public Law 107-260, the “Benign Brain Tumor Cancer Registries Act”, was signed into law by President Bush in October 2002. These cases became reportable effective 1/1/04. ICD-9-CM codes for the new tumors are listed in the chart on page 4 of the newsletter. In-depth training for casefinding and abstracting of benign and borderline CNS tumors, as well as the new Collaborative Stage, will be presented by KCR staff to Kentucky cancer registrars in three separate locales. Each training session will last two full days. Continental breakfast and snacks will be provided on both days of each session. Look over the sites and dates listed below, and select the two-day session that best fits your needs. Please call or email Reita Pardee (859-219-0773 ext 233; [rpardee@kcr.uky.edu](mailto:rpardee@kcr.uky.edu)) with your selection as soon as possible, so that seating and refreshment arrangements can be finalized....

- i Lexington - St. Joseph Hospital Office Park Building D - March 25 & 26 (Th/F)
- i Elizabethtown - Hardin Memorial Hospital - April 1 & 2 (Th/F)
- i Madisonville - Trover Clinic Tower Conference Room - April 15 & 16 (Th/F)

Specific location and classroom directions, along with the two-day agenda, will be sent to applicants upon the receipt of each registration. Plan on two complete days of learning, plus the opportunity to lunch and network with your professional friends across the state! Appropriate CEUs are being requested from NCRA.

## **Answers to Our Readers’ Frequently Asked Questions...**

**Question:** How should we code the “staged by” field when the site is a TNM-stageable site and the physician stages the case TX NX MX?

**Answer:** The “stage group” would be 99, and the “staged by” field should be credited to the physician. Use the appropriate physician code. Remember that only codes 1 and 3 will meet the criteria for 90% physician staging for the CoC standard.

**Question:** When the site is appropriate for TNM-staging, but the physician did not stage the case, and the registrar assigns a TX NX MX/stage group 99, how do we handle the “staged by” field?

**Answer:** Use “staged by” code 0 (not staged) or 9 (unknown; not stated in pt record).

# PEOPLE NEWS



## **New Hires: Kelly Day**

**Amy Tompkins**

**Melinda Webb**

**Columbia Greenview Hospital -**

**Bowling Green KY**

**Norton Audubon Hospital -**

**Louisville KY**

**King's Daughters Medical Center -**

**Ashland KY**

## **New CTR: Natascha Lawson, CTR**

**Norton Hospital -**

**Louisville KY**

## **Transferring: Dana Murphy**

**transferring to another position at**

**Columbia Greenview Hospital -**

**Bowling Green KY**

## **ACoS Cancer Program Approvals**

Congratulations to the cancer registrars at King's Daughters Medical Center in Ashland KY! This facility's cancer program was recently awarded the full 3-year "stamp of approval" from the American College of Surgeons.~

## **GOLDEN BUG AWARD**

In rare circumstances, case data from the last sequence would have been seen in the case edit or view screens when the abstractor was working on a previous sequence. Julie Welch, Betty Copeland, and Donna Schmidt at Western Baptist first reported this bug. Jodee Chumley and Mary Hogan at Baptist East subsequently reported it and provided valuable information that helped in locating the problem. Thanks to all for helping us locate this very-difficult-to-find bug!~

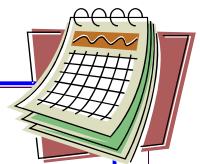




## **CTR Test News**

Time is running out to apply for the March 2004 CTR Exam. The application deadline is January 31<sup>st</sup>. The fee for NCRA members is \$200, and non-members must pay \$275. Go to the newly-redesigned NCRA website ([www.ncra-usa.org](http://www.ncra-usa.org)) for additional certification information, including eligibility and frequently asked questions. The CTR Handbook for Candidates and application can be downloaded from the website. Both the FORDS Manual and the 6<sup>th</sup> Edition AJCC Cancer Staging Manual will be covered for the first time on the 2004 exam.

CTR test-taking assumes a new profile in 2004. Testing will now be offered at any LaserGrade Computer Testing Incorporated site. A quick check of the LaserGrade website revealed test sites in Louisville, Mount Sterling, Cincinnati, Evansville, Cape Girardeau, Nashville, etc. The testing period is two weeks in length, from March 13 through 27, 2004. For those without internet capability, call LaserGrade at 1-800-211-2754 for more information.



### **Calendar of Events**

**January 31, 2004 – CTR Application Deadline**

**March 13-27, 2004 – CTR Exam (2 week period)**

**March 25-26, 2004 - KCR Spring Training  
St. Joseph Hospital, Lexington KY**

**April 1-2, 2004 - KCR Spring Training  
Hardin Memorial Hospital  
Elizabethtown KY**

**April 15-16, 2004 - KCR Spring Training  
Trover Clinic Tower, Madisonville KY**

**April 20-23, 2004 - NCRA Annual Meeting  
Portland OR**

**September 9-10, 2004 - KCR Fall Workshop  
Hilton Suites, Lexington KY  
(Room rates: \$99 + tax/per night)**

## New 2004 Codes for the “Reportable List”...

**Table 1: ICD-9-CM Casefinding Codes for Benign and Borderline Intracranial and CNS Tumors**

<b>ICD-9-CM Code</b>	<b>Description of Neoplasm</b>
225.0	Benign neoplasm of brain
225.1	Benign neoplasm of cranial nerves
225.2	Benign neoplasm of cerebral meninges; cerebral meningioma
225.3	Benign neoplasm of spinal cord, cauda equina
225.4	Benign neoplasm of spinal meninges; spinal meningioma
225.8	Benign neoplasm of other specified sites of nervous system
225.9	Benign neoplasm of nervous system, part unspecified
227.3	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke's pouch, sella turcica
227.4	Benign neoplasm of pineal gland, pineal body
237.0	Neoplasm of uncertain behavior of pituitary gland and craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges: NOS, cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen's Disease
237.71	Neurofibromatosis, Type One von Recklinghausen's Disease
237.72	Neurofibromatosis, Type Two von Recklinghausen's Disease
237.9	Neoplasm of uncertain behavior of other and unspecified parts of nervous system; cranial nerves

## NCRA 30<sup>th</sup> Annual Educational Conference

“On the Trail to New Horizons” is the theme for the 2004 National Cancer Registrars Association annual conference. Hitch up your wagons and follow the trail to the convention being held this year in Portland, Oregon from April 20-23. The Hilton Portland and Executive Tower is the host of this year's meeting. “Early-bird” (postmarked by 3/19/04) NCRA members receive the full conference registration rate of \$375, and “early-bird” non-members must pay \$525. One-day attendance options are also available, as are pre-conference workshops. Interested registrars may register online or via the form in the conference brochure. The paper form can be either mailed (1340 Braddock Place, Ste. 203, Alexandria, VA 22314) or faxed (703-299-6620) to NCRA.

Travel arrangements to Portland may be made through Gaylord Travel, the “official travel agent” of the 2004 conference. Use of this travel agent will result in discounted airfares on American or USAirways, flight insurance, and other additional benefits. Gaylord Travel can be reached at 1-800-677-9526 (8:30 am- 5:00 pm Central Time M-F).

Room rates at the Hilton Portland are \$124 plus tax for a single/double. Suites are available at special rates. The reservation deadline is March 19, 2004. Registrars may book online at [http://www.hilton.com/en/hi/groups/private\\_groups/pdxph\\_crc/index.jhtml](http://www.hilton.com/en/hi/groups/private_groups/pdxph_crc/index.jhtml) or call the national reservation line at 1-800-HILTONS. One additional option would be to call the hotel directly (503-226-1611). Be sure to inform the reservationist that you are attending the NCRA conference at the Hilton in order to receive the special rate.

Keynote speakers at the 2004 conference include April Fritz (“30 Years of Registry: a cultural and historical reminiscence”) and Dr. Gary Copeland, a nationally trained leader in the “Who Moved My Cheese?” method of learning to deal with change. Pre-conference workshops hosted by SEER and NCRA will be offered on Monday and Tuesday, April 19 & 20. A wide variety of concurrent session topics are listed in the conference brochure. Optional tours will be available on Friday and Saturday, following the conclusion of the conference meetings. Continuing education hours for CTRs are being requested from the NCRA Program Recognition Committee. Approximately 19 CEUs will be available for the full conference, pending final approval.

## SEER CODING QUESTIONS

The following questions were submitted to the SEER Inquiry System (SINQ) by SEER registries. Some may look similar to “problem cases” that you have encountered. This is presented as another form of continuing education....

Question 1: Are borderline ovarian tumors diagnosed in 2001 and later with implants, or “focal microinvasion”, or “focus of intraepithelial carcinoma” reportable to SEER?

Examples follow: 1) Serous tumor of low malignant potential with tumor implants on sigmoid, 2) Serous cystadenofibroma of low malignant potential (borderline tumor) with focal microinvasion, 3) Mucinous cystic tumor of borderline malignancy with focus of intraepithelial carcinoma.

*Answer:* Borderline ovarian tumors are not reportable, behavior is /1. If the principle tumor is borderline and there are tumor deposits on other pelvic surfaces, the case remains borderline and non-reportable by SEER rules UNLESS the pathologist makes a definite statement that the tumor deposits are malignant. For borderline ovarian tumors, the following are NOT statements of definite malignancy: “microinvasive”, “focus of intraepithelial carcinoma”. (SINQ #20021076)

Question 2: Surgery of Primary Site/ Reconstruction – First Course – Breast: If the Plan is to “reconstruct” the breast 6 months after an ipsilateral modified radical mastectomy, is the time span a problem or should it be coded in the Surgery of Primary Site field because it was planned?

*Answer:* For cases diagnosed 1/1/2003 and after: Code the Surgery of Primary Site field to 55 [Modified radical mastectomy WITHOUT removal of uninvolved contralateral breast, Implant]. The time span is not a problem as long as the reconstruction was planned as first

course, which is indicated by tissue expander insertion at the time of the original surgery. (SEER PCM, 3<sup>rd</sup> Ed, Rev 1, pgs 119, 130, F-22; SINC #20000421)

Question 3: Reportability: Are the terms “evolving melanoma in situ” or “evolving melanoma” considered to be reportable diagnoses?

*Answer:* According to SEER’s melanoma expert, these cases are not reportable because there is no standard definition for the term “evolving” melanoma. (SINC #20020019)

Question 4: Reportability – Bone Marrow: Is “evolving” multiple myeloma reportable to SEER”?

*Answer:* No, it is not SEER reportable. The diagnosis of “evolving” multiple myeloma could represent a plasmacytoma, plasma cell dyscrasia, or another lymphoproliferative disorder. Some of these histologies are SEER reportable, but some are not. Additional information would be needed to determine reportability. If you are unable to obtain more information, the case is non-reportable. (SINC #20020069)

Question 5: Reportability – Hematopoietic: Is the term “plasma cell dyscrasia” a synonym for multiple myeloma?

*Answer:* No. Plasma cell dyscrasia represents a broad spectrum of disease characterized by plasma cell proliferation that appears inappropriate or uncontrolled. Multiple myeloma is one disease type that falls into that classification. However, there are several other malignant and benign diseases also classified as such because of their immunoglobulin abnormalities. Reportability to SEER regarding a disease classified as a plasma cell dyscrasia is dependent on identifying the specific cell type associated with the disease in the ICD-O-3. (SINC #20010019)

### **CANCER AWARENESS DATES**

January – Cervical Cancer

March – Colon & Rectal Cancer

March 31 – Kick Butts Day  
(Campaign for Tobacco-Free Kids)